

SAMPLE TEMPLATE – OTHER FORMATS ACCEPTED

(Name of Applicant)
Line Item Budget Worksheet
 Immunization Subaward
 July 1, 2023 – June 30, 2024

COST CATEGORIES / LINE ITEMS	BUDGET BY RESOURCE			TOTAL BUDGET (whole dollars)
	Immunization Subaward	Anticipated Program Income	Other Support	
(P) Personnel / Salaries *List names, positions & FTE				
(F) Fringe / Benefits *List names, positions & FTE				
(I) Indirect Costs * Submit Indirect Cost Rate Agreement or De Minimis Calculations.				
(T) Travel * Separate out in-state travel costs for clinics and meeting/ conference travel costs etc.				
(O) Other * Separate out items i.e. postage, printing, training registration costs etc.				
(S) Supplies * Separate out vaccine administration supplies and office supplies etc.				
(E) Equipment * Will be contingent, requires approval from the Program. Not to exceed \$5,000.				
(C) Contractual * Will be contingent, requires approval with Immunization Program and CDC. For each contract, there are 6 required elements of documentation for CDC: name of contractor, method of selection, period of performance, scope of work, method of accountability, itemized budget with justification.				
TOTALS				